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An
Inaugural Essay
on
"Mania a Potu"
by
Richard Henry Thomas
of
Maryland

Passed March 14th. 1826
W. R. H.

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The habitual abuse of Alcohol in its various dilutions is productive of many calamities and for a few short hours of enjoyment its misguided votaries pay a heavy penalty in disease: One not the most unusual effect of frequent intoxication is an interesting disorder which shall be the subject of the following essay.

This has been termed Mania a Potu, Mania a Temulentia, Delirium Tremens and the Brain fever of Drunkenness I have adopted the first as being sufficiently descriptive and most generally used In treating of this peculiar affection I shall offer a general history of the disease its symptoms, prognosis &c; I shall consider the treatment under two heads viz what is proper to be done first when old and confirmed sots and second when robust or occasional drunkards are the subjects of our care

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and lastly I shall give a brief sketch of the disease and treatment as presented to my view while a student in Maryland

History and Symptoms

Mania a Potu as its name implies is caused by drink, but a similar affection sometimes originates from the use of opium. an eminent practitioner relates a case which came under his own observation "a female who had long been in the habit of taking opium to a great extent was attacked with this disorder on suddenly lessening the doses of her favourite drug." Mania a Potu makes its appearance during that state of languor and depression which succeeds a debauch. If the accustomed stimulus should be withdrawn for any length of time, after a long course of hard drinking, the disease is exceedingly apt to be induced.

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indistinct chills, debility, loathing of food, uneasiness in the head, anxious countenance and oppression at the epigastrium: these are succeeded by slight flushes and indications of excitement, the pulse is full though usually compressible, there is much irritability and watchfulness, tremors of the hands, the countenance is singularly altered, the eyes are wild and red, upper lip swelled and constantly in motion; the patient complains of severe head ach, the gastric disorder is distressing not even his favourite drink can be retained His skin is bathed in sweat which is increased by the slightest exercise: Confusion of mind supervenes, he loses his recollection, reason deserts her seat and many and various hallucinations torment the afflicted wretch. He imagines that persons are pursuing with intent to mur-

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murder, and invokes heaven and earth to protect him; the dread of something about to fall on him is very frequent. If he has access to a window he will describe with so much earnestness and apparent truth what he thinks is passing without that the hearer can scarcely refrain examining whether it be reality or only the phantoms of a disturbed imagination. Sometimes he will be engaged in calculations at others in collecting money from the bed clothes. He will converse with one whom he fancies is present will listen for his answers and reply accordingly, if interrupted will either pay no attention or request silence. He will recognise his acquaintances and will even give a correct answer, but he immediately wanders again. In many instances tis impossible to convince him that he is at home he fancies that he is in durance vile and

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makes use of every effort to escape: But it would be endless to enumerate the many phantasies which occupy his mind; let it suffice that though timidity most attends this species of madness, in some instances a contrary disposition is manifested, but even here they imagine that sickness or some accident incapacitates them from committing the violence they meditate and threaten.

If flatly contradicted they are pertinacious in their opinions but by soothing and judicious by yielding they may be brought to act as we wish: Compulsion or cruelty is unnecessary and worse than useless —

If not arrested, most of the above symptoms continue to increase; The pulse becomes small and excessively rapid, skin cold and clammy. There is low muttering delirium, or sudden short fits of phrensy followed by heaviness and insensibility; startings of the tendons,

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a frequently stretched out and very tremulous hand; strabismus, general prostration of muscular power; difficulty of deglutition; convulsions and death. The duration of the disease is various; from four to ten days is usual, though we meet with cases which are much longer protracted. If convalescence be not established within the first four or five weeks there will be danger of long continued if not permanent derangement of mind for there is no doubt but that it sometimes terminates in confirmed mania

Prognosis

When mania a Potu occurs in young and robust subjects or even in old and confirmed sots where there is a ready susceptibility to the action of our remedies, the prognosis is generally favorable. Patients who have been driven to the bottle to seek comfort

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from some great affliction are said to be in much danger: In inveterate drunkards who have previously laboured under any organic affection of the viscera the disease proves obstinate and often fatal. In the commencement if a long and undisturbed sleep can be procured the recovery will probably be rapid: So much is this insisted on, that a respectable practitioner declares that he never witnessed a recovery where sleep could not be obtained and that a sound natural sleep was as invariably favourable: Continual watchfulness great irritation, weak rapid and thready pulse; indications of coma or convulsions and paroxysms of violence or struggling of short duration are among the most unfavourable symptoms the last are often the precursors of death

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Pathology

Very different views have been taken of the pathology of this disease. Post mortem examinations exhibit the stomach highly inflamed, the liver variously diseased, the brain sometimes in a healthy condition at others congested or inflamed. — The great gastric distress and tenderness over the epigastrium; the pain in the head, nervous tremors, wandering mind and suffused eye; the dark unnatural colour of the stools and the dissections alluded to, would lead us to conclude that the disease consists of an inflammation of the stomach with which may be conjoined a similar state of the liver and brain: In Doctor Armstrong's words "The peculiarly irritable state of the nerves, induced by previous habits, the collapse of the system at the time of sickening, the venous congestions

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and the subsequent efforts of arterial excitement, all tend to produce and modify the phenomena of this disease"

Treatment

Before commencing the treatment we should endeavour to ascertain the constitution and former habits of the patient: Does he indulge only in an occasional frolic or is he a sot confirmed? If he is an old an inveterate votary of Bacchus, we must be cautious how we deplete even should the pulse seem to indicate it; on a closer inspection though full the pulse will be found very compressible; the face is pale, the skin cool and muscular debility very great. The most soothing remedies are here requisite; Put the patient to bed in a dark and quiet room, administer a dose of laudanum in some hot toddy and let all our efforts tend to procure sleep; when from any idiosyncrasy

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opium becomes inadmissible it would be advisable to substitute the spiders Web or the tincture of Hop: the former has been recommended in doses, ten grains at bed time, and the latter in ounce doses also given at night. To allay irritability of the stomach the effervescing draught and neutral mixture are well adapted. We sometimes encounter the directly opposite state of the stomach viz. Insensibility when the largest doses of Opium and brandy make no impression; in this emergency an active emetic of tartarized antimony and ipecacuan is recommended By freely evacuating the primæ viæ, susceptibility is awakened to the action of our remedies which may afterwards be resorted to with benefit. In the preceding case (torpor of the stomach) Doctor Chapman thinks that emetics are peculiarly adapted

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but he does not approve of their general or
indiscriminate employment in Mania a
Potu. In the advanced stages in addition
the opium and hot toddy, camphor and
carbonate of Ammonia are to be administered
the diet should be stimulating and generous,
wines and spices, rich soups with cayenne
pepper &c as far as I could ascertain during
my attendance there, the above is the plan
pursued in the Philadelphia Alms House.
When the disease occurs in the young and
robust or in those who have been only addic-
ted to occasional intoxication the pulse
is resisting and the determination to the
head evident. Called in the commencement
the lancet will often be required, the bowels
should be freely evacuated by calomel or
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an opiate: It will generally be found necessary

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to repeat the cathartic medicines, Armstrong says "Even in habitual drunkards I am quite confident that tis always best, in the beginning of the disease to open the bowels before the exhibition of opium; and to occasional drunkards this observation may be extended with encreased force: since in them the purgatives must be employed not only at the onset but during the progress of the disease. In such persons I mean occasional drunkards it has been customary with me to use purgatives and tepid affusions in the day and calomel and opium in the night and this plan combined with a low diet has rarely failed of success." Yet even in occasional drunkards, as a general rule purgatives should chiefly be confined to the early periods of the distemper. As an important remedy Doctor Armstrong say

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highly recommends tepid affusions of salt and water followed by frictions. He observes "that if the water be well impregnated with salt, the skin properly rubbed and the opiate exhibited in warm wine after their application a tendency to quiet and sleep most frequently succeeds nay there will not only be a diminution of the nervous irritation, but likewise an improvement in the state both of the pulse and skin." - To the use of calomel and opium our author seems extremely partial "The one to allay irritation the other to equalise the circulation". With the revolutionizing effects of this combination we are all familiar, but whether it would be advisable in every instance to call to our aid this powerful medicine is very problematical "Nec Deus intersit nisi dignus vindice nodus Inciderit" —

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the disease proving obstinate nothing seems to promise more, than an alterative course of Mercury, at the same time that we quiet nervous irritation by opiates, and support the system by the diffusible stimulants and a generous diet. In the latter stages of the disease even "under the most unpromising appearances calomel and opium will sometimes succeed and whenever there is ground for doubting the propriety of evacuations it should be administered in preference to every other expedient". It is given according to the following formula, Two or three grains of calomel with a grain and a half of opium every six or eight hours pro re nata; This combination is also well adapted to those cases which are complicated with derangements of the liver and chylopoietic viscera; as indicated by a heavily loaded tongue, great gastric distress and bilious discharges

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In the early periods of the disease as it occurs in young and robust subjects cold affusions have been recommended. It is now well ascertained that they may be safely and successfully applied in Mania a Potu, even when the skin is covered with perspiration and either of a cool or unsteady heat; it will however generally be best to make use of frictions after them and to give a glass of wine either before or after their application. Several cases are related which attacked at their onset (to which period they should be restricted) were relieved by these means alone. It is to be regretted that our practitioners (especially those of the country) are so indifferent with regard to cold & tepid affusions: In all febrile affections it is vitally important to reinstate the healthy functions of the skin and nothing conduces more to this end than affusions; they reduce and equalise excitement and altogether

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render the situation of the patient more comfortable. In conjunction with the lancet and cathartics they are invaluable and in neglecting them we deprive ourselves of a most effectual agent in arresting disease.
In concluding the treatment of this peculiar complaint I would urge that all unnecessary coercion be dispensed with. It but increases watchfulness and irritation. By conciliation and judicious indulgence we may do much; an instance is related where the patient at his own request was permitted to walk abroad of a bleak evening, soon after returning he fell into a sound sleep and convalesced from that time.

In addition to what has been given above, I now proceed with a brief sketch of the disease and method of treatment as presented to my view while a Student in Maryland

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most of the cases occurred in young and vigorous men: a suffused or inflamed eye, flushed face and full bounding pulse were generally observed in conjunction with the peculiar symptoms of Mania a Potu; a violent delirium, in several cases rendered the patient almost unmanageable. Evacuations and the lancet were well borne and stimulants were only required when the case was unusually protracted. Called at an early stage of the disease it is the practice of my preceptor* to bleed pro re nata, from twelve to twenty ounces is usual and I have known him to repeat it with evident advantage. The good effects of venaesection are often immediately made apparent, the nervous agitation is lessened and the patient from being boisterous and unruly becomes quiet and placable: after bleeding a strong mercurial purge is given whose action is promoted by Senna or salts

* Dr. Gustavus Wayfield

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and these rarely fail to bring away copious dark tarry stools: It is not often necessary to repeat venaesection, but the calomel and cathartics are continued till the stools assume a natural appearance. Treated in this way it is not a rare occurrence for the disease to be subdued and the patient restored to his senses by the third or fourth day. Pretty early in the complaint a blister is applied to the back of the neck, by which the cerebral affection is not unfrequently removed & sleep induced. In the advanced stages camphor, opium, volatile alkali and hot toddy are resorted to and the treatment is similar to that laid down in the general plan.

The cures were perfect so long as drink was abstained from. One case was followed by nervous tremors, morbid vigilance and alarming dreams; this was relieved by drinking freely of hop tea just before going to bed

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In conclusion I would remark, that it has not been my intention in this essay, in the slightest degree to institute a comparison between the two methods of treatment: Each is respectively applicable to so different states of the system that such an attempt would be absurd. I have witnessed mania a Potu in the cells of the Philadelphia Alms house I have also seen several cases in the upper part of Anne Arundel county Maryland, their aspect and treatment were very dissimilar. We have the most abundant evidence of the narcotic plan of treatment being successful in the disease as it more usually appears. We have the authority of Armstrong and others for recommending a very different practice when this affection occurs in robust or occasional drunkards; and I am assured by my preceptor that in a long course of practice he has never had occasion to be dissatisfied

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with it. — We should therefore in this disorder as in others rigidly scrutinize the symptoms and circumstances of the case, and should prescribe accordingly. A discriminating practitioner may readily decide what course he should pursue, and whether he chooses opium or the lancet success will generally reward his efforts.